

Domestic elder abuse in Yazd, Iran: a cross-sectional study

عنوان مقاله: سوء رفتار با سالمندان خانه

ارائه دهنده : هاجر ثانی

دانشجوی کارشناسی ارشد پرستاری سالمندی



نقاط قوت:

عنوان مقاله منعکس کننده محتوا و متغیرهای آن است

در عنوان از اختصارات مبهم و کلمات نامانوس استفاده نشده است

از به کار بردن کلمات اضافه در عنوان پرهیز شده است

عنوان به صورت فشرده و در ذهن قابلیت ماندگاری دارد

نقاط ضعف:

کلمه Domestic در عنوان نیست

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نقاط قوت:

نام نویسندگان بعد از عنوان موضوع ذکر شده است

مشخصات نویسندگان بعد از نام آن ها آورده شده است

مرتبه های علمی و نویسنده مسئول مشخص شده است

آدرس و مشخصات نویسنده مسئول برای پاسخگویی ذکر شده است



کلید واژه ها

Keywords:

Elder Abuse, Prevalence, Yazd, Iran

*Corresponding Author:



نقاط قوت:

کلید واژه ها ارتباط موضوعی لازم با محتوای مقاله را دارند

تعداد استاندارد رعایت شده است

بر اساس بیشترین و نزدیک ترین رابطه معنایی با محتوای مقاله انتخاب شده اند

از تکرار پرهیز شده است

نقاط ضعف:

در کلید واژه ها کلمه Domestic نیست

Abstract

Background: Social changes due to urbanism, acculturation, and fading of values have led to some challenges in family relationships, including domestic elder abuse. This study was conducted to determine elder abuse status in Yazd, Iran.

Methods: This cross-sectional study was conducted on 250 elderly people over 60 years in Yazd in 2014-2015. Clustered random sampling was used to recruit the participants from 10 clusters in Yazd (25 individuals from each cluster). The data were gathered by the 49-item, Iranian Domestic Elder Abuse Questionnaire which was filled out through private interviews with the participants.

Results: Mean score of elder abuse was 11.84 (SD: 12.70) of total 100. Of the participants, 79.6% (95% CI: 74.5-84.6) experienced at least one type of abuse. Emotional neglect was the most reported abuse and physical abuse was the least reported. Abuse score was associated with age, education level, living status, and insurance status of elders. Further, those who reported history of gastrointestinal problems, dyslipidemia, respiratory diseases, sleep disorders, audiovisual problems, joints pain, hypertension, dental/oral problems, cardiovascular disease, urinary incontinence and disability, reported a statistically significant higher abuse score.

Conclusion: Despite overall low rate of domestic elder abuse, its high prevalence indicates that some interventions are necessary to decrease domestic elder abuse. Emotional neglect of elders should be addressed more than other abuse types.

مقدمه: تغییرات اجتماعی سبب ایجاد چالش هایی در روابط بین خانواده ها شده است

هدف: این مقاله تعیین وضعیت سوء رفتار در سالمندان در شهر یزد می باشد

روش: مطالعه مقطعی بر روی ۲۵۰ سالمند بالای ۶۰ سال ، نمونه گیری خوشه ای تصادفی، پرسشنامه ایرانی سوء رفتار با سالمندان

نتایج: غفلت عاطفی بیشترین سوء رفتار گزارش شده و سوء رفتار فیزیکی کمترین می باشد

نقاط قوت:

منعکس کننده کل مقاله است.
هدف و اهمیت کلی و قلمرو تحقیق مشخص شده است.
روش تحقیق و گردآوری داده ها بیان شده است
چکیده به صورت کوتاه و خلاصه و جامع به ارائه مطالب پرداخته است.
جامعه و نمونه و روش نمونه گیری بیان شده است.
چکیده خواننده را برای مطالعه متن مقاله.
فرمول و علائم ویژه، بیان نشده است.
پژوهشگر به قضاوت شخصی در مورد نتایج تحقیق نپرداخته است.

نقاط ضعف:

روش تجزیه و تحلیل داده ها بیان نشده است

Introduction

There is scant evidence on elder abuse, one of the most hidden and frequent forms of family violence. According to the Centers for Disease Control and Prevention (CDC), elder abuse is an intentional act, or failure to act, by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult.¹

Social changes due to urbanism, acculturation, and fading of values and traditional beliefs have led to some challenges in family relationships, including domestic elder abuse. Elder abuse is not a new issue, but it has recently been raised as a main public health and a widespread, growing social problem worldwide. Elder abuse is targeted intentionally or unintentionally at the elderly and making them injured and annoyed.²

The World Health Organization (WHO) has reported the rate of elder abuse in domestic settings in developed countries to be 4%-6% if physical, psychological and financial

abuse, and neglect are all included.³

A recently published paper reported an aggregate prevalence of 4.6% of elder abuse in New York state households, the United States in 2009.⁴ A systematic review of prevalence and risk factors for elder abuse in Asia reported the prevalence ranging from 0.22 per 1000 to 62%, across Asia.⁵ Despite the WHO's emphasis on international awareness of detection and prevention of elder abuse incidence, unfortunately developing countries have not yet taken necessary measures to systematically gather the relevant data. However, there is much evidence on elder abuse incidence in these countries.⁶ A study on the prevalence of elder abuse in Gorgan and Aq-Qala cities, northern Iran in 2013 reported the total frequency of elder abuse to be 63.3%.⁷

Some studies, however, have indicated that many cases of elder abuse are not detected and only 1/10 cases of elder abuse is reported.³ Newton reported that actual figures show 67% of the abuse occurs in the elders' own homes.⁸

Because abuses in the homes are usually not reported, the rate of hidden elder abuse is likely to be higher than the reported figures. This problem is under-reported in many communities because the victims rarely report or seek out assistance.

Several abuse type patterns have been reported in different studies. In a study by Buka and Sookhoo,⁹ psychological abuse was the highest at 38.9% with sexual and societal types at the lowest level, 1.9% and 1.5%, respectively. In Manoochehri et al¹⁰ study, emotional abuse was the most prevalent (84.8%) subscale followed by neglect (68.3%), financial abuse (40.1%), and sexual abuse (35.2%). Furthermore, Heravi-Karimoei et al¹¹ study on different types of elder abuse reported that most of the elderly were victims of emotional neglect, psychological abuse, and care neglect and the least number of them were victims of rejection and physical abuse.

Elder abuse can lead to declined self-esteem, hopelessness, insufficiency, mental problems, and inability.¹² Abuse at any degrees may decline the elderly health and safety.¹³ Regarding the significance of elder abuse and the elderly's health as well as inconsistent findings of different studies and no large study of elder abuse in Iran, the present study was conducted to determine the status of elder abuse in the elderly population of Yazd in 2014-2015.

مقدمه

تعریف Abuse

تغییرات اجتماعی ، فرهنگی ، شهری شدن جوامع باعث ایجاد چالش در روابط خانوادگی شده است

Abuse بیشتر توسط افراد مراقب و افراد خانواده

WHO: کشورهای توسعه یافته ۶-۴٪

New York state: ۴/۶

مطالعه سیستماتیک برای سالمندان آسیا: ۶۲٪


گراگان: ۶۳/۹٪

Newton: ۶۷٪ در سالمندانی که در خانه تنها هستند



سبب کاهش اعتماد به نفس، ناامیدی، مشکلات ذهنی، ناتوانایی ها کاهش ایمنی

هدف اصلی: به علت یافته های متناقض و اینکه تا حالا مطالعه جامعی در ایران درباره این موضوع انجام نشده
محقق بر آن شده تا سوء رفتار را در سالمندان ایران در شهر یزد انجام دهد.






نقاط قوت:

مسئله اصلی مقاله به روشنی بیان شده است
اهمیت و ضرورت انجام تحقیق بیان شده است
سوابق پژوهشی استفاده شده با موضوع در ارتباط است
اهمیت مسئله در حدی هست که نیاز به ارائه مقاله مستقل باشد

نقاط ضعف:

اهداف آن از نظر کاربردی و بنیادی بیان نشده است



Materials and Methods

Participants and procedures

This cross-sectional study was conducted on 250 elders (60 years and older) in Yazd in 2014-2015. The required sample size was estimated 250 people considering 95% CI, elder abuse ratio of 0.7,¹⁴ and the design effect equal to 1.1. A clustered random sampling was used to select the participants. For this purpose, 10 geographic clusters were selected in Yazd and 25 people from each cluster were enrolled into the study. The questionnaires were filled out through 20 to 30-minute private interviews with the participants at their own homes. Interviews were carried out by two trained interviewers. The elders who were able to answer the questions were considered eligible to enter the study.

روش ها و ابزار:

نوع مطالعه: توصیفی مقطعی

جامعه مورد مطالعه: سالمندان شهر یزد

حجم نمونه: ۲۵۰ سالمند ۶۰ سال و بالاتر در شهر یزد در سال ۲۰۱۴-۲۰۱۵

روش نمونه گیری: نمونه گیری خوشه ای تصادفی

ابزار: پرسشنامه اطلاعات دموگرافیک و پرسشنامه ایرانی سوءرفتار با سالمندان

پرسشنامه ها هر کدام در عرض ۲۰-۳۰ دقیقه مصاحبه خصوصی در منزل سالمندان پر شدند

نقاط ضعف:

مشخص نیست که از هر خوشه چه جوری نمونه ها را انتخاب کرده است

داده ها جمع آوری شدند از طریق:

پرسشنامه اطلاعات دموگرافیک

Iranian Domestic Elder Abuse

care neglect (11 items) ■

psychological abuse (eight items) ■

physical abuse (four items) ■


financial abuse (six items) ■

authority deprivation (10 items) ■

rejection (four items) ■

financial neglect (four items) ■

emotional neglect (two items) ■




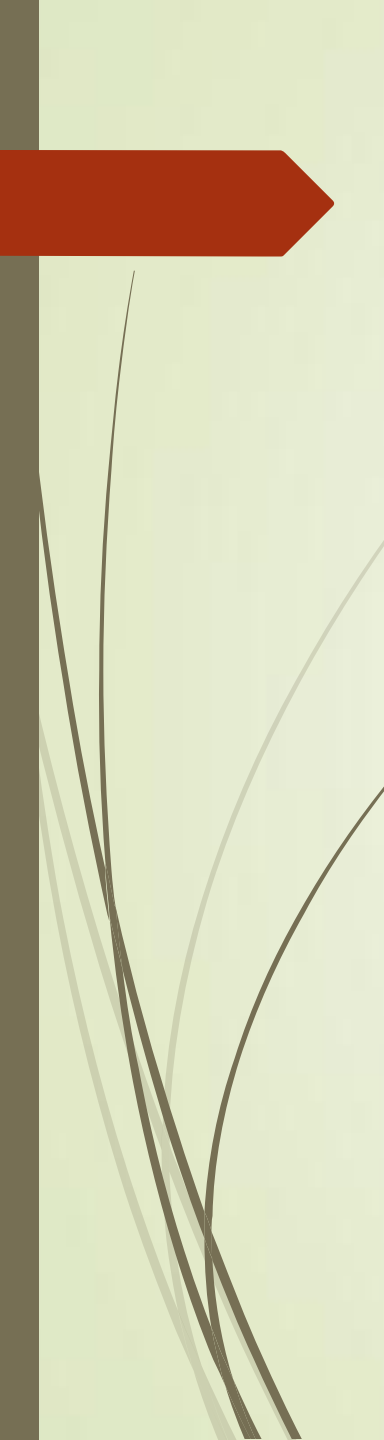
نقاط قوت:

روش تحقیق به روشنی توصیف و تبیین شده است
ابزار گردآوری داده ها معرفی شده است
جامعه آماری مورد مطالعه معرفی شده است

نقاط ضعف:

دلایل عدم انتخاب سایر روش های مشابه ذکر نشده است
نمونه ای از کاربرد این ابزار در سایر پژوهش ها بیان نشده است






This instrument is appropriate for investigating family elder abuse in Iran because of some characteristics such as being developed based on the perceptions and conceptions of abuse and abuse-related life experiences among Iran's elderly population, explanation of a wide variety of family elder abuse, easy scoring, acceptable reliability and validity, and application in different situations.¹⁵



Statistical analysis

The SPSS was used for data analysis. Frequency distribution tables were used to show descriptive results and Mann-Whitney U test to compare the abuse scores by two-level independent variables. Also, Kruskal-Wallis H test was used to compare the abuse scores by multi-level independent variables. The level of significance was 0.05.



استفاده از spss
استفاده از U تست

نقاط ضعف:

اینکه چرا این تعداد نمونه انتخاب شده است و فرمول و روش تعیین نمونه هم مشخص نشده است.





Results

Demographic characteristics of the participants

Overall, 250 elders with mean age of 73.93 (SD: 8.20) years participated in this study. Of the participants, 49.6% were women and most of them were married. Regarding education level, most of the participants were illiterate. Over 35% of the participants were retired and 88% lived in their own homes. Complete demographic information of the participants is presented in Table 1.

Descriptive features of elder abuse

The most frequently reported abuse was family members' indifference (52.8%) followed by no visit or call by family members (51.6%) in emotional neglect subscale. Forced sexual activity and touching sensitive parts of the body in deprivation subscale and abandoning elderly in nursing home in rejection subscale did not reported by any of the elders (Table 2).

Of the subscales, emotional neglect and physical abuse were the most and least reported subscales of abuse, respectively (Table 3).

Correlates of elder abuse

Examining the elder abuse score by some demographic characteristics showed that elder abuse increased by age increase and those who had a higher education level were less likely to be abused. Also, the uninsured elderly reported higher scores of abuse than those reported by the insured ($P < 0.05$; Table 4).


Regarding the diseases and problems, the elders who had the history of gastrointestinal problems, dyslipidemia, respiratory diseases, sleep disorders, audiovisual problems, joints pain, hypertension, dental/oral problems,


نتایج:

- میانگین سن ۷۴ سال، ۵۰ درصد زن ، بیشترشون بی سواد بودند ، ۳۵ درصد بازنشسته ، ۸۸ درصد در خانه های خودشان زندگی میکردند
- بیشترین مورد گزارش شده بی علاقهی اعضای خانواده ۵۲/۸ درصد
- زنگ نزدن یا ملاقات نکردن اعضای خانواده ۵۱/۶ درصد
- سوء رفتار جنسی و رها شدن در خانه سالمندان توسط هیچ کدام از سالمندان گزارش نشد




نتایج نشان داد که سوء رفتار

- با افزایش سن رابطه مستقیم
 - با سطح تحصیلات رابطه معکوس
 - داشتن بیماری های زمینه ای رابطه مستقیم
 - داشتن بیمه رابطه معکوس و نداشتن بیمه رابطه مستقیم
- 



- نتایج و یافته های پژوهش بیان شده است

- جدول های ارائه شده در بخش نتایج گویا و روشن است



بحث:

در این مطالعه میانگین سوء رفتار به دست آمده ۱۱/۸۴ بود

داده ها و نتایج در مورد سوء رفتار با سالمندان متناقض هستند

دلایل:

- تفاوت در روش ها و ابزار
- استفاده از ابزارهای نامناسب
- مشکلات جمع آوری داده ها

در مطالعه حاضر بیشترین سوء رفتار گزارش شده سوء رفتار عاطفی (۴۰/۵۱) و کمترین سوء رفتار گزارش شده سوء رفتار فیزیکی (۱/۶۰) بوده است

نقاط قوت:

- نتایج در ارتباط با چارچوب نظری، سؤالات تحقیق و مطالعات دیگر شرح داده شده اند.
- گپ ها در این مطالعه مطرح شده اند.

نقاط ضعف:

تناقضات در این مطالعه مطرح نشده است.

The limitations of this study include using self-reported questionnaire that are subject to response bias. Moreover, the study was conducted in Yazd province, Iran, which is famous as a traditional and religious community that respects the elders much more strictly than people in other provinces and the results cannot be generalized to the whole country. This study also was limited to urban areas and the results cannot be generalized to rural areas. Finally, due to non-experimental nature of the study, no causal inferences may be drawn.

محدودیت های مطالعه

- استفاده از سوالات خود گزارش دهنده که احتمال خطا در پاسخگویی توسط سالمندان افزایش می یابد
- به دلیل فرهنگ های خاص مردم و اینکه نمونه ها از جامعه شهری بودند در تعمیم پذیری نتایج باید دقت شود

نقاط قوت:

محدودیت های پژوهش بیان شده است

نقاط ضعف:

راهکارهایی برای حل این محدودیت ها بیان نشده است

Ethical approval

The study was approved by the institutional review board at Shahid Sadoughi University of Medical Sciences. Moreover, participation in the study was voluntary and oral informed consent was taken from the participants for participation in the study after the study aims were explained for them before the interviews.

Competing interests

Authors declare that they have no competing interest.

Authors contributions

MSHMA and RP H, designed and implemented the study and wrote the paper. DA, participated in data analysis and ZA, participated in the study design.

Acknowledgments

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منابع

نقاط قوت:

بیشتر منابع جدید بودند

۱۱ تا از منابع ۲۰۱۰ تا ۲۰۱۶ بودند

۱۷ تا از منابع ۲۰۰۵ تا ۲۰۱۰ بودند

۵ تا از منابع ۲۰۰۰ تا ۲۰۰۵ بودند

نقاط ضعف:

منابع زیاد است